

# Consent Form



I give permission for my child to attend  
The Discovery Camp:

Child's full name	Date of birth
Address	
Emergency contact phone no	Alternative phone no
Email address:	
Allergies or medical conditions we need to know about	
GP's name	GP's phone no
We may take photographs of the camp for publicity reasons. If you'd prefer your child not to be photographed during the camp, please tick here: <input type="checkbox"/>	
In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic. I understand that every effort will be made to contact me as soon as possible.	
Signature of Parent/Guardian	Date